1. Introduction - Nevada E-Health Survey

Welcome to the Nevada E-Health Survey for health care professional providers and hospitals.

The Office of Health Information Technology (OHIT) for the State of Nevada and the Nevada Division of Health Care Financing and Policy (DHCFP) developed this survey for assessing uses of Health Information Technology (HIT) and Health Information Exchange (HIE) within Nevada's provider community. Understanding your organization's use of HIT and HIE is important for various reasons, including the following:

- To establish a baseline for assessing Nevada's HIT and HIE adoption,
- To provide an understanding of what resources or technical assistance are needed by the provider community for the implementation, adoption, and meaningful use of Electronic Health Records (EHR) as well as use of HIE among disparate providers and organizations,
- To assist with planning for ongoing communications and outreach with providers for current and planned HIT and HIE adoption,
- To gauge barriers to adoption of HIT and HIE by providers, and
- To help support development and funding for HIT and HIE infrastructure across the State.

In order to obtain a broad representation of provider readiness, we request that a survey be completed by all providers and hospitals licensed within the State of Nevada. **Surveys must be completed by June 30, 2010 in order to include your responses in the results.**

The survey should be completed by yourself or another person on behalf of your organization who has knowledge of the information technology that supports the organization, is familiar with the organization's operations, and has an understanding of the organization's future plans or goals regarding implementation of HIT and/or HIE technology.

How long will the survey take?

Field testing found that providers took 10 minutes or less to complete the survey.

Need to stop and come back?

The computer you are using can be used to complete one survey. You can answer some questions, exit the survey, and return to complete the survey any time until June 30, 2010. When returning to the survey, you will be directed to the location where you left off if using the same computer.

SURVEY PREPARATION CHECKLIST

Please collect the following information, if available, to assist in completion of your survey:

1. National Provider ID (NPI)
2. Number of patients served per year at clinic/practice/hospital location.
3. Number of patients served per year organization-wide.
4. Percentage of patients served at location that are Medicaid patients.
5. Percentage of patients served organization-wide that are Medicaid patients.
6. Percentage of patients served at location that are Medicare patients.
7. Percentage of patients served organization-wide that are Medicare patients.
8. Name/version of EHR system(s) software currently in use, implemented, or planned for implementation.
9. Name/version of any electronic prescription application currently in use, implemented, or planned for implementation.

More information about the Nevada's HIT and HIE planning efforts can be found at http://dhhs.nv.gov/HIT.htm.

For assistance with the survey instrument, please send an email to NevadaHIT@dhcfp.nv.gov.

A glossary of general Health Information Technology and Health Information Exchange definitions that are applicable to this survey can be found at http://dhhs.nv.gov/HIT/docs/NevadaHITandHIE_AssessmentGlossary.pdf.

2. Organization/Respondent Information

* 1. Please provide your name and contact information. All contact information is not required, but please provide at least the provider's zipcode.

Respondent Name:
Respondent Position:
Email:
Phone number:
Hospital/Practice Name:
National Provider ID #:
Address
City
Zipcode

* 2. Is your organization planning to apply for the Medicare or Medicaid incentives for adopting or using Electronic Health Records?

☐ Yes, Medicare Incentives

☐ Yes, Medicaid Incentives

☐ No

☐ Not Sure

3. Does your organization own or operate multiple associated clinics or practices, or provide services at multiple locations?

○ Yes

○ No

3. Multi-Location Providers

* 4. Please indicate the number of locations in your health care organization.

[   ]

5. Please select the answer that best describes the use of Health Information Technology across the organization:

○ Locations mostly have access to the same EHRs or other HIT.

○ No EHR is implemented at this time

○ Locations are responsible for selecting and implementing EHRs and other HIT. Therefore uses of EHRs and HIT vary by location.

4. Multiple Locations – Patient Information
Other

The questions in this section of the survey differentiate between location-specific and organization-wide patient counts and percentages for multi-location organizations.

* 6. How many patients (unduplicated individuals) are served per year? Please use whole numbers and do not include a % sign.

at this clinic/hospital/practice location?

organization-wide?

* 7. What percentage of patients served are Medicaid patients. Please use whole numbers and do not include a % sign.

at this clinic/hospital/practice location?

organization-wide?

* 8. What percentage of patients served are Medicare patients. Please use whole numbers and do not include a % sign.

at this clinic/hospital/practice location?

organization-wide?

5. Single Location - Patient Information

*9. How many patients (unduplicated individuals) are served per year at the location?

[   ]

*10. What percentage of patients are served at the organization are. Please use whole numbers and do not include a % sign.

Medicaid Patients   [   ]

Medicare Patients   [   ]

6. Detailed Organization Information – Patient Information

*11. Please indicate what best describes your professional category/primary work role in the organization:

- ○ Physician/Dentist (MD, DO, DDS, DMD)
- ○ Mid-level Practitioner (ARNP, PA)
- ○ Clinical Support Staff (RN, LPN, CMA)
- ○ Ancillary Staff (RRT, RD, etc.)
- ○ Administrative/ Office Staff
- ○ Information Technology/Informatics
- ○ Other (please specify)

  [   ]

*12. What best describes your type of organization?

- ○ Primary Care Practice
- ○ Specialty Practice
- ○ Critical Access Hospital
- ○ Rural Health Clinic/Federally Qualified Healthcare Center
- ○ Large multi-specialty clinic with 10 or more locations
- ○ Hospital with 25 or more beds
- ○ Hospital with less than 25 beds
- ○ Ambulatory Center
- ○ Corporation
- ○ Independent Practice Organization
- ○ Community Mental Health Center
- ○ Home Health or Hospice Agency
- ○ Long Term Care Facility
- ○ Residential Treatment Center/Psychiatric Residential Treatment Facility
- ○ Other (please specify)

  [   ]

7. Detailed Hospital Information - EHR

DEFINITION OF AN EHR: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

The remainder of this survey applies to all organization locations that mostly use the same types of EHRs or HIT.

* 13. Which statement best describes your organization's EHR system:

    ○ We do not have an EHR and do not plan to get one.

    ○ We do not have an EHR, but plan to obtain and implement one in the future (0 to 5 years).

    ○ We have purchased/begun installation of an EHR but are not yet using the system.

    ○ We have an EHR installed, and we use it for some of the available functions.

    ○ We have an EHR installed, and we use it for most (more than 90%) functions of our organization.

8. For Those Not Currently Using EHRs/an EHR system

* 14. Please indicate the main reasons your organization does not currently use an EHR system. Check all that apply.

☐ Too expensive

☐ Confusing number of EHR choices

☐ No currently available EHR product satisfies our need

☐ Staff does not have the expertise to use an EHR

☐ EHRs lack interoperability with other information systems resulting in high interface costs

☐ Decreased office productivity during implementation and initial use

☐ Concern that EHR choice will quickly become obsolete

☐ Security/privacy concerns

☐ Insufficient internal knowledge and technical resources

☐ Staff is satisfied with paper-based record system

☐ Other (please specify)

[   ]

9. Other Automated Functions (no EHR)

*15. Does your organization currently have any mechanism akin to a Computer Provider Order Entry (CPOE)?

DEFINITION: Computerized Provider Order Entry (CPOE) is a computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer has the ability to compare the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.

- ○ Yes, our organization currently uses CPOE for some or all provider orders
- ○ Yes, our organization has CPOE function but this function is not in use or turned off
- ○ Yes, we have CPOE to automate paper, but not the analytics
- ○ No, our organization does not have CPOE

16. Does your organization use any other automated systems related to patient care or delivery of patient services (Point of Sales systems, etc.)?

- ○ Yes
- ○ No
- ○ Not Sure

If yes, please specify what type of systems:

[   ]

* 17. If your organization was to adopt or implement an EHR, what are the desired functionality or modules? Check all that apply.

- [ ] Track and maintain Patient Demographic Information
- [ ] Utilize Computerized Provider Order Entry
- [ ] Utilize E-Prescribing
- [ ] Manage Lab Results
- [ ] Use Clinical Decision Support
- [ ] Conduct internal reporting
- [ ] Conduct information exchange with patients
- [ ] Conduct information exchange with partners or third parties
- [ ] Provide Patient Support Information (such as a Personal Health Record)
- [ ] Other (please specify)

10. Medications and Prescribing (no EHR)

* 18. Which statement best describes your organization's prescribing practices:

○ We order medications by entering prescription information into our e-prescribing system

○ We order medications by entering prescription information into a computer system separate from our EHR

○ We order medications by entering prescriptions into a web-based application

○ We do not use a system to support order medication or prescribing

11. Medication Ordering and E-prescribing (no EHR)

19. What is the name of the electronic system your organization uses to order medications?

Application name:

Version:

Year installed:

CCHIT Certified (Yes/No):

* 20. Does your organization use E-prescribing for any of the following capabilities:

	Yes	Yes, but the functionality is not in use	No	Not Sure
Generate and transmit permissible prescriptions electronically?	○	○	○	○
Maintains an active medication list for patients?	○	○	○	○
Alert providers at the point of prescribing for potential drug-drug interactions?	○	○	○	○
Alert providers at the point of prescribing for potential drug-allergy interactions?	○	○	○	○

12. For those currently using EHRs/EHR Systems

* 21. What is the estimated percentage of provider and clinical (i.e. non-administrative and non-technical) staff currently using your EHR system routinely?

- ⚪ Not sure
- ⚪ Less than 25%
- ⚪ 25-50%
- ⚪ 51-90%
- ⚪ 91-100%

* 22. Which phrase best describes your organization's use of paper charts for patient information tracking?

- ⚪ We do not maintain paper charts – we are entirely paperless
- ⚪ We maintain paper charts, but the EHR is the most accurate and complete source of patient information
- ⚪ We document all patient data in both paper charts and the EHR system
- ⚪ We primarily use paper charts, but maintain electronic records for some clinical information
- ⚪ Not sure

* 23. Please indicate the EHR(s) and version(s) being used by your organization. If more than one EHR is used, please indicate all EHR(s) in use.

EHR 1 Name	
EHR 1 Version	
EHR 1 Description (modules and functionalities)	
EHR 2 Name	
EHR 2 Version	
EHR 2 Description (modules and functionalities)	
EHR 3 Name	
EHR 3 Version	
EHR 3 Description (modules and functionalities)	

* 24. What are the barriers to increasing use of EHR by your organization? Check all that apply.

- ☐ Not applicable, we don't have any barriers
- ☐ Costs associated with maintenance and upgrades
- ☐ Additional Staff Training is needed
- ☐ Our EHR needs enhancements
- ☐ Our EHR is too confusing
- ☐ Our EHR does not meet all of our needs
- ☐ Our EHR lacks interoperability with other information systems resulting in high interface costs
- ☐ Decreased office productivity
- ☐ Security/privacy concerns
- ☐ Insufficient internal knowledge and technical resources
- ☐ Staff is satisfied with paper-based record system
- ☐ Other (please specify)

13. EHR Functionality

* 25. Does your EHR have the capabilities to track and record the following?

	Yes	Yes, but we do not use this capability	No	Unsure
Patient Demographic Information	○	○	○	○
Clinical documentation and notes	○	○	○	○
External documents through an Electronic Document Management System	○	○	○	○
Active medication allergy list for patients	○	○	○	○
Active medication list	○	○	○	○
Updated problem list	○	○	○	○
Vital Signs	○	○	○	○
Tobacco smoking for patients 13 and older	○	○	○	○

* 26. Does your organization use Computerized Provider Order Entry (referrals, medication orders, lab and diagnostic test orders)?

Definition of Computerized Provider Order Entry: A computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer has the ability to compare the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.

○ Yes

○ No, this function is not available in the EHR

○ No, but this function is available in the EHR

○ Not sure

14. Computerized Provider Order Entry (continued)

*27. How does your organization use CPOE? Check all that apply.

☐ Lab Orders

☐ Test Orders

☐ Medication Orders

☐ Referral Orders

☐ Other (please specify)

[   ]

15. Medications and Prescribing

* 28. Which statement best describes your organization's prescribing practices:

    ○ We order medications by entering prescription information into our EHR

    ○ We order medications by entering prescription information into a computer system separate from our EHR

    ○ We order medications by entering prescriptions into a web-based application

    ○ We do not use a system to support order medication or prescribing

16. Medication Ordering and E-prescribing

29. What is the name of the electronic system your organization uses to order medications?

Application name:

Version:

Year installed:

CCHIT Certified (Yes/No):

* 30. Does your organization use E-prescribing for any of the following capabilities:

	Yes	Yes, but the functionality is not in use	No	Not Sure
Generate and transmit prescriptions electronically?	○	○	○	○
Maintains an active medication list for patients?	○	○	○	○
Alert providers at the point of prescribing for potential drug-drug interactions?	○	○	○	○
Alert providers at the point of prescribing for potential drug-allergy interactions?	○	○	○	○

17. Clinical Decision Support

Clinical decision support systems (CDSS) assist the physician in applying new information to patient care and help to prevent medical errors and improve patient safety. Many of these systems include computer-based programs that analyze information entered by the physician.

* 31. Does your organization use a Clinical Decision Support System?

○ Yes

○ No, this functionality is not available

○ No, but this function is available in the EHR

○ Not sure

18. Clinical Decision Support (continued)

* 32. What electronic clinical decision-making support tools do your staff and providers access at the patient encounter?

	Used routinely	Used occasionally	Not available	Function turned off/Not in Use
Clinical guidelines based on patient problem list, gender, and age	○	○	○	○
High tech diagnostic imaging decision support tools	○	○	○	○
Medication guides/alerts	○	○	○	○
Chronic care plans and flow sheets	○	○	○	○
Patient specific or condition specific reminders (e.g. foot exams for diabetic patients)	○	○	○	○
Preventive care services due (e.g. mammograms overdue)	○	○	○	○
Automated reminders for missing labs and tests	○	○	○	○
Other (please specify below)	○	○	○	○

If Other is selected, please specify

[   ]

19. Other EHR Functions

* 33. Does your organization use any other EHR Functions:

	Used Routinely	Used Occasionally	Not Available	Function turned off/Not in use
Incorporate lab tests and results (e.g. mammogram results)	○	○	○	○
Plot and display growth charts for children ages 2 - 20	○	○	○	○
Provide patients with an electronic copy of their health information	○	○	○	○
Provide discharge instructions and procedures to patients	○	○	○	○
Use a Clinical Data Warehouse	○	○	○	○
Use a Continuity of Care Record	○	○	○	○
Track Care Plan	○	○	○	○
Employ role-based access to EHR functions	○	○	○	○
Track Patient Consent	○	○	○	○
Generate reports by condition	○	○	○	○
Create benchmarks and hospital priorities	○	○	○	○
Provide a Personal Health Record	○	○	○	○
Use Online Scheduling	○	○	○	○
Secure email between providers and patients	○	○	○	○
Other (please specify below)	○	○	○	○

If Other is selected, please specify

20. Electronic Exchange and Connectivity

* 34. Does your organization electronically send and receive clinical and patient data with any of the following? Check all that apply.

	We routinely SEND electronic data from the EHR	We routinely RECEIVE electronic data from the entity/individual	We do not routinely send/receive electronic data with this entity (more likely to fax, call, email or print)
Health Plans for claims/billing	☐	☐	☐
Health Plans for Eligibility Verification	☐	☐	☐
Patients	☐	☐	☐
Providers (outside of hospital)	☐	☐	☐
Hospitals (in system/affiliated)	☐	☐	☐
Hospitals (not affiliated)	☐	☐	☐
Other care settings (nursing homes, assisted living, home health agencies)	☐	☐	☐
State immunization registries	☐	☐	☐
Electronic record locator sharing pool	☐	☐	☐
Public Health (for required reportable diseases)	☐	☐	☐
Vital Statistics	☐	☐	☐
Trauma Registries	☐	☐	☐
Public Agencies for other purposes, such as quality reporting	☐	☐	☐

35. Definition of Health Information Exchange (HIE): The electronic movement of health-related information among organizations according to nationally recognized standards. For the purposes of this survey, organization is synonymous with healthcare providers, public health agencies, payers and entities offering patient engagement services (such as Patient Health Records).

Does your organization subscribe to any of the following HIE services? Check all that apply.

☐ We have a direct agreement with at least one other clinic/hospital/health system

☐ We use a vendor or intermediary exchange service (e.g. RxHub)

☐ We use a non-profit Health Information Organization

☐ Other (please specify)

[   ]

36. If your organization uses a vendor or intermediary exchange for HIE, please include the name of the vendor or intermediary exchange.

[   ]

* 37. What are your largest challenges related to secure information exchange with outside organizations? Check all that apply.

☐ Unclear value on investment (VOI) or return on investment (ROI)

☐ Subscription rates for exchange services are too high

☐ Competing priorities

☐ Access to technical support or expertise

☐ Insufficient information on options available

☐ HIPAA, privacy or legal concerns

☐ Other (please specify)

[   ]

* 38. Does your organization participate in a Regional or Community Health Information Organization?

Definition of Regional or Community Health Information Organization: a health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

○ Yes

○ No

21. HIO Purpose

* 39. What is the HIO purpose?

○ Hospital networks

○ Clinic networks

○ Independent practice associations (IPAs)

○ Professional associations (physician, hospital)

○ Integrated health systems or providers

○ Other (please specify)

[   ]

22. HIE Interest, Knowledge & Involvement

* 40. How would you categorize your knowledge of HIE activities in Nevada?

- ○ Very knowledgeable
- ○ Somewhat knowledgeable
- ○ Not at all knowledgeable

* 41. How would you categorize your interest in future involvement in HIE related planning activities?

- ○ Very interested
- ○ Somewhat interested
- ○ I have limited interest in activities that are not too time consuming
- ○ I have no interest

* 42. Would your organization be willing to pay for participation in a Statewide or Regional HIE?

- ○ Yes
- ○ No
- ○ Not Sure

23. Participation in Statewide or Regional HIE

* 43. What form of payment would your organization consider to participate in a Statewide or Regional HIE?

○ Subscription-based (e.g., monthly fee)

○ Transaction-based

○ Volume

○ Combination of monthly fee and volume

○ Other (please specify)

[   ]

44. Is there any assistance your organization needs from the State in regards to implementing, adopting, and using EHRs and/or HIE? Please provide a description.

25. Survey Complete

Thank you for participating in the Nevada E-Health Survey!

If you have any questions or concerns regarding this survey, please send an email to NevadaHIT@dhcfp.nv.gov.

More information about Nevada's HIT and HIE planning efforts can be found at http://dhhs.nv.gov/HIT.htm.